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PTO/SB/05 rev 1 (12/97)
Approved for use through 09/30/00. OMB 0851-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

ANC07

First Inventor or Application Identifier

Sweetser, Christine B

Title

Client Driven Healthcare System and

Express Mail Label No.

EL596497849US

Process

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages **3.1**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
4. Oath or Declaration [Total Pages **2**]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 5 below)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. §3.73(b) Statement
(when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure
Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Small Entity ☐ Statement filed in prior application,
Statement(s) ☐ Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____/_____

Prior application information: Examiner _____ Group / Art Unit _____

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name

Cort Flint, P.A.

Address

P.O. Box 10827

City

Greenville

State

SC

Zip Code

29603

Country

USA

Telephone

864-232-4261

Fax

864-232-4437

Name (Print/Type)

Cort Flint

Registration No. (Attorney/Agent)

27,260

Signature

Cort Flint

Date

7-17-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|---|------------------|
| Re: Sweetser, Christine B. | |
| Serial No. | Examiner: |
| Filed: | Group Art Unit: |
| For: CLIENT DRIVEN HEALTHCARE SYSTEM AND PROCESS | |
| | Docket No. ANC07 |

Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

Transmittal Letter

Please find the following correspondence items enclosed for filing in the United States Patent and Trademark Office:

1. Utility Patent Application Transmittal, including:
31 pages of Specification, and
5 sheets of Drawings.
2. Fee Transmittal with attached cheque for \$444.00.
3. Declaration For Patent Application and Power of Attorney.
4. Declaration Claiming Small Entity Status-Independent Inventor.
5. Information Disclosure Statement with attached Form PTO-1449.
6. Return receipt postcard.

Very truly yours,



Cort Flint
Registration No. 27,260
P.O. Box 10827
Greenville, S.C. 29603-0827
Telephone: (864) 232-4261
Attorney for the Applicant

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee," mailing label EL596497849US with sufficient postage affixed thereto, in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on the date indicated below.

By: Anne Hayle Myers

Date: July 17, 2000

Applicant: Christine B. Sweetser

Attorney's Docket: ANC07

For: CLIENT DRIVEN HEALTHCARE SYSTEM AND PROCESS

**DECLARATION CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(b) - INDEPENDENT INVENTOR)**

As the below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under sections 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled *CLIENT DRIVEN HEALTHCARE SYSTEM AND PROCESS* described in the specification filed herewith. I have not assigned, granted, conveyed or licensed, and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(c) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern or organization
☐ persons, concerns or organizations listed below.

Full Name:

Address:

- ☐ INDIVIDUAL
☐ SMALL BUSINESS CONCERN
☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fees due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,

under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR:

CHRISTINE B. SWEETSER

Signature of Inventor:

Christine B. Sweetser

Date:

July 6, 2000

J:\CLIENTS\Anc\Anc07\ANC07.SE1.wpd
May 18, 2000

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 444

Complete If Known

Application Number: _____
Filing Date: _____
First Named Inventor: Sweetser, Christine B.
Examiner Name: _____
Group / Art Unit: _____
Attorney Docket No.: ANC07

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 500610
Deposit Account Name: _____

- ☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17
☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 790 | 201 395 | Utility filing fee | 345 |
| 106 330 | 206 165 | Design filing fee | |
| 107 540 | 207 270 | Plant filing fee | |
| 108 790 | 208 395 | Reissue filing fee | |
| 114 150 | 214 75 | Provisional filing fee | |
| SUBTOTAL (1) (\$) | | | 345 |

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 31 | -20** = 11 | 9 | 99 |
| Independent Claims | 3 - 3** = 0 | | 0 |
| Multiple Dependent | | | |

**or number previously paid, if greater; For Reissues, see below

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 103 22 | 203 11 | Claims in excess of 20 | |
| 102 82 | 202 41 | Independent claims in excess of 3 | |
| 104 270 | 204 135 | Multiple dependent claim, if not paid | |
| 109 82 | 209 41 | ** Reissue independent claims over original patent | |
| 110 22 | 210 11 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$) | | | 99 |

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------------|----------------------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for reexamination | |
| 112 920** | 112 920** | Requesting publication of SIR prior to Examiner action | |
| 113 1,840** | 113 1,840** | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 400 | 216 200 | Extension for reply within second month | |
| 117 950 | 217 475 | Extension for reply within third month | |
| 118 1,510 | 218 755 | Extension for reply within fourth month | |
| 128 2,060 | 228 1,030 | Extension for reply within fifth month | |
| 119 310 | 219 155 | Notice of Appeal | |
| 120 310 | 220 155 | Filing a brief in support of an appeal | |
| 121 270 | 221 135 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,320 | 241 660 | Petition to revive - unintentional | |
| 142 1,320 | 242 660 | Utility issue fee (or reissue) | |
| 143 450 | 243 225 | Design issue fee | |
| 144 670 | 244 335 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Petitions related to provisional applications | |
| 125 240 | 125 240 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 790 | 246 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 148 790 | 248 395 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| Other fee (specify) _____ | | | |
| Other fee (specify) _____ | | | |
| Reduced by Basic Filing Fee Paid | | | |
| SUBTOTAL (3) (\$) | | | |

SUBMITTED BY

Typed or Printed Name: Cort Flint

Signature: *Cort Flint*

Date: 7/17/00

Complete (if applicable)

Reg. Number: 27,260

Deposit Account User ID: _____